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CONFIRMATION NO. 2844

SERIAL NUMBER 10/036,202	FILING DATE 12/27/2001 RULE <i>RDR 3/4/06</i>	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. MTS 0102 PUS
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APPLICANTS

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** CONTINUING DATA *****
None RDR 3/4/06

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/15/2002 *RDR 3/4/06*

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 27	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

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 22045
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TITLE
 Computer-implemented method and system for managing patient healthcare and evaluating patient kidney function

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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